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SUBJECT: USG-FUNDED FISTULA REPAIR CENTER PROMOTES
OBSTETRIC HEALTH

11. (U) SUMMARY. During a recent trip to the Forest Region, Assistant Poloff explored health issues that affect women, including Female Genital Mutilation (FGM) and obstetric fistula. A visit to Engender Health's Fistula Repair Center and Waiting House illustrated the organization's emphasis on prevention, education, and social reintegration in addressing fistula issues. The testimonies of two women living with fistula also highlighted the risks of early marriage. END SUMMARY.

12. (U) During a recent tour of the Forest Region, Asst Poloff met with local authorities, citizens, and NGOs working in the domain of women's health. In Kissidougou, Asst Poloff visited a Fistula Repair Center run by the NGO Engender Health, which receives partial funding from USAID. A tour of the clinic was arranged and an interview took place at the Waiting House, where women afflicted with fistula await surgery.

BACKGROUND NOTE

13. (U) Fistula is a medical condition in which an abscess develops in a woman's pelvic region after severe or failed childbirth, usually when adequate medical care is not available. A fistula develops when prolonged labor presses the unborn child so tightly in the birth canal that blood flow is cut off to the surrounding tissues, which then die and rot away. Because fistulas cause incontinence, women with the condition are often shunned and rejected by society. In Guinea, women who develop fistulas are usually ostracized and many live in hiding. The World Health Organization has also identified a potential link between fistula and the practice of Female Genital Mutilation-- which affects an estimated 96% of the female population in Guinea.

FISTULA REPAIR CLINIC AND WAITING HOUSE

14. (U) Engender Health is financed by USAID and works throughout Guinea to improve a variety of health services, in particular in the domain of reproductive health. One of its most successful projects in Guinea is the Fistula Repair Center in Kissidougou. (COMMENT. The Ambassador's Special Self-Help fund recently financed the installation of a number of solar panels for the clinic. END COMMENT). The project approaches the problem of fistulas holistically, addressing not only surgical repair but also prevention and social reintegration.

15. (U) Located near the clinic, a Waiting House currently accommodates over 60 women waiting for surgery, some of whom come from neighboring countries. The success of the project relies heavily on word of mouth. Women who have had their fistulas repaired are encouraged to seek out other women who

are suffering from fistula and who may be in hiding. In addition, the center utilizes rural radio stations and local authorities to publicize the project. Families "adopt" women who are recovering from surgery for several weeks as part of the social reintegration program. Local authorities visit and thank these families, and the rural radio often interviews the women so that they can share their stories. The Guinean Ministries of Health and Social Affairs cooperate in the area of prevention, sponsoring education campaigns that encourage pregnant women to visit clinics for prenatal care and encourage them to seek adequate medical facilities to give birth.

TESTIMONIES FROM WOMEN LIVING WITH FISTULA

¶6. (U) In addition to a tour of the facilities, the Director of the clinic arranged for two women at the Waiting House to give testimonies. The first young woman had been forced into marriage at the age of fifteen and became pregnant almost immediately. After three days of labor, she gave birth to a stillborn. Shortly thereafter, as a result of a fistula, she lost control of her bladder and her husband and in-laws abandoned her. After hearing about the center from a woman in her village, she returned to her own family. Her parents rented out their bed in order to help her afford the transportation costs to Kissidougou for surgery. The second young woman told a very similar story, having been married at fifteen and becoming pregnant soon after. She also gave birth to a stillborn after several days of labor. After being rejected by her husband and his family, she collected

CONAKRY 00000214 002 OF 002

and sold firewood in order to afford transportation to the clinic for a surgery. Both women burst into tears at the end of their stories, thanking the United States for financing the center.

COMMENT

¶8. (U) Fistula has virtually disappeared in Europe and North America because women have access to family planning and skilled medical teams to assist during childbirth. Furthermore, the condition is less common in places that encourage and provide education of women and their bodies and in places that discourage early marriage. Early childbearing has been identified as a risk factor in the development of fistula. Indeed, the testimonies of the young women suggest that early marriage is a significant part of the continued prevalence of fistula in Guinea.

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